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**FACSIMILE TRANSMISSION COVER SHEET**

DATE: February 10, 2009

TO: Mail Stop Amendment  
U.S. Patent and Trademark Office  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

EXAMINER: Russell Scott NEGIN, Group Art Unit 1631

RE: U.S. Patent Application No. 10/660,110  
For: SYSTEM AND METHOD FOR EXTENDING DYNAMIC RANGE OF A DETECTOR  
Our Ref.: 5010-406

FROM: Leonard D. Bowersox 

FAC. NO.: (571) 273-8300

NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 37

Papers Filed Herewith: Transmittal Form (1 Page)  
Fee Transmittal (1 Page)  
Credit Card Payment Form PTO-2038 for \$360.00 (1 Page)  
Amendment (27 Pages)  
Terminal Disclaimer (1 Page)  
Executed Declaration Under 37 C.F.R. §1.131 (2 Pages)  
Copy of Redacted Invention Disclosure (3 Pages)

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. (571) 273-8300 on February 10, 2009.

Name: Virginia J. Byers

Signature: 

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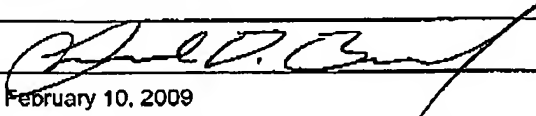
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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/660,110																																	
		Filing Date	September 11, 2003																																	
		First Named Inventor	Mark F. OLDHAM																																	
		Group Art Unit	1631																																	
		Examiner Name	Russell Scott NEGIN																																	
Total Number of Pages in This Submission		36	Attorney Docket Number	5010-406																																
ENCLOSURES (check all that apply)																																				
<table border="0"> <tr> <td><input checked="" type="checkbox"/> Fee Transmittal Form</td> <td><input type="checkbox"/> Drawing(s)</td> <td><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences</td> </tr> <tr> <td><input checked="" type="checkbox"/> Fee Attached</td> <td><input type="checkbox"/> Licensing-related Papers</td> <td><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Amendment / Reply</td> <td><input type="checkbox"/> Petition</td> <td><input type="checkbox"/> Proprietary Information</td> </tr> <tr> <td><input type="checkbox"/> After Final</td> <td><input type="checkbox"/> Petition to Convert to a Provisional Application</td> <td><input type="checkbox"/> Status Letter</td> </tr> <tr> <td><input type="checkbox"/> Affidavits/declaration(s)</td> <td><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address</td> <td><input type="checkbox"/> Acknowledgement Postcard</td> </tr> <tr> <td><input type="checkbox"/> Extension of Time Request</td> <td><input checked="" type="checkbox"/> Terminal Disclaimer</td> <td><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):</td> </tr> <tr> <td><input type="checkbox"/> Express Abandonment Request</td> <td><input type="checkbox"/> Request for Refund</td> <td>- Credit Card Payment Form PTO-2038 for \$360.00</td> </tr> <tr> <td><input type="checkbox"/> Information Disclosure Statement</td> <td><input type="checkbox"/> CD, Number of CD(s)</td> <td>- Executed Declaration Under 37 C.F.R. §1.131</td> </tr> <tr> <td><input type="checkbox"/> Certified Copy of Priority Document(s)</td> <td><input type="checkbox"/> After Allowance Communication to Group</td> <td>- Copy of Redacted Invention Disclosure</td> </tr> <tr> <td><input type="checkbox"/> Response to Missing Parts/ Incomplete Application</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53</td> <td></td> <td></td> </tr> </table>				<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information	<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter	<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Acknowledgement Postcard	<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	- Credit Card Payment Form PTO-2038 for \$360.00	<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	- Executed Declaration Under 37 C.F.R. §1.131	<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> After Allowance Communication to Group	- Copy of Redacted Invention Disclosure	<input type="checkbox"/> Response to Missing Parts/ Incomplete Application			<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT																																				
Firm or Individual name		Leonard D. Bowersox																																		
Signature																																				
Date		February 10, 2009																																		
CERTIFICATE OF MAILING																																				
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Type or printed name		Virginia J. Byers																																		
Signature		Date	February 10, 2009																																	

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PTO/SB 17 (10-07)

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Effective on 12/8/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2008**☐ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$360.00)

**Complete if Known**

Application Number	10/660,110
Filing Date	September 11, 2003
First Named Inventor	Mark F. OLDHAM
Examiner Name	Russell Scott NEGIN
Art Unit	1631
Attorney Docket No.	5010-406

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-0925 Deposit Account Name: Kilyk & Bowersox, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	52	26
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	220	110
Multiple dependent claims	390	195

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
35	- 20 or HP = 0	x 52 =	0			

HP = highest number of total claims paid for, if greater than 20

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
4	- 3 or HP = 1	x 220 =	220

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
	- 100 =	/ 50 =	(round up to a whole number) x	

**4. OTHER FEE(S)**

<b>One Extra Independent Claim Fee</b>	<b>Fees Paid (\$)</b>
	\$220.00
<b>Terminal Disclaimer Fee</b>	<b>Fees Paid (\$)</b>
	\$140.00

**SUBMITTED BY**

Signature	Registration No. 33,226	Telephone 703-385-9688
Name (Print/Type) Leonard D. Bowersox	(Attorney/Agent)	Date February 10, 2009

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Virginia J. Byers

Name (Print)

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